PTO/SB/05 (08-03)
Approved for use through 07/31/2006, OMB 0651-0032
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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	
First Inventor	
Title	
Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
1. Fee Transmittal Form (e.g., PTO/SB/17)  2. Submit an original and a duplicate for fee processing)  Applicant claims small entity status.  See 37 CFR 1.27.  3. Specification [Total Pages ]  (preferred arrangement set forth below)  - Descriptive title of the invention  - Cross Reference to Related Applications  - Statement Regarding Fed sponsored R & D	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:	
Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure	i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS	
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 12.]	9. Assignment Papers (cover sheet & document(s)) 10. Source Power of	
5. Oath or Declaration [Total Sheets] a. \[ \sum \] Newly executed (original or copy)	(when there is an assignee) Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS  Statement (IDS)/PTO-1449 Citations	
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503)	
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76	(Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:	
18 If a CONTINUING APPLICATION check appropriate box, and supplied to the continuing APPLICATION check appropriate box.	by the requicite information below and in the first contago of the	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:		
•	ion-in-part (CIP) of prior application No.:	
Prior application information:  Examiner  Art Unit:  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPOND	ENCE ADDRESS	
Customer Number:	OR Correspondence address below	
Name Crais Holloway	57	
Address		
(3-10-3	State         Zip Code         8160           lephone         9 70 9 45 8 35 0         Fax	
Name (Print/Type)   Crais + Holloway	Registration No. (Attorney/Agent)	
Signature Crand Moloway	Date 18 August 03	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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18351 PTO/SB/17 (08-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Compl te if Kn wn FEE TRANSMITTAL Application Number Filing Date for FY 2003 First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Money Other None Check Credit card Large Entity , Small Entity Deposit Account: Fee Fee Fee **Fee Description** Code Code Fee Paid Deposit (\$) (\$) Account 2051 65 Surcharge - late filing fee or oath 1051 130 Number Surcharge - late provisional filing fee or Deposit 1052 50 2052 Account cover sheet Name 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2.520 Credit any overpayments Charge fee(s) indicated below Requesting publication of SIR prior to 1804 920 1804 920\* Charge any additional fee(s) during the pendency of this application **Examiner action** Charge fee(s) indicated below, except for the filing fee 1805 1.8401 Requesting publication of SIR after 1805 1,840 Examiner action to the above-identified deposit account. 2251 Extension for reply within first month 1251 110 55 **FEE CALCULATION** 205 Extension for reply within second month 1252 410 2252 1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month arge Entity Small Entity Fee Paid Fee Fee Code (\$) Fee Description 2254 Fee Fee Code (\$) 1254 1,450 725 Extension for reply within fourth month 985 Extension for reply within fifth month 1255 1,970 2255 Utility filing fee 1001 750 2001 375 320 2401 1401 160 Notice of Appeal 1002 330 2002 165 Design filing fee 1402 320 2402 160 Filing a brief in support of an appeal 1003- 520 2003 260 Plant filing fee 140 Request for oral hearing 2403 1403 280 Reissue filing fee 2004 375 1004 750 1451 1.510 1451 1,510 Petition to institute a public use proceeding 2005 Provisional filing fee 1005 160 2452 55 Petition to revive - unavoidable 1452 110 SUBTOTAL (1) (\$) 375 1453 1.300 2453 650 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2501 650 Utility issue fee (or reissue) ee from Fee Paid Extra Claims 1502 470 2502 235 Design issue fee below **Total Claims** X -20\* 1503 630 2503 315 Plant issue fee Independent 130 Petitions to the Commissioner 130 1460 1460 Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) Large Entity Small Entity 1806 180 1806 180 Submission of Information Disclosure Stmt **Fee Description** Fee Fee Fee Fee Code (\$) 40 Recording each patent assignment per Code (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 2202 1202 18 375 Filing a submission after final rejection (37 CFR 1.129(a)) 1809 750 2809 Independent claims in excess of 3 1201 84 2201 42 1203 280 2203 140 Multiple dependent claim, if not paid 1810 750 375 For each additional invention to be examined (37 CFR 1.129(b)) Reissue independent claims 1204 84 2204 42 over original patent 1801 750 2801 375 Request for Continued Examination (RCE) 900 Request for expedited examination 1802 900 1802 \*\* Reissue claims in excess of 20 2205 1205 18 and over original patent of a design application Other fee (specify) SUBTOTAL (2) \*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ \*\*or number previously paid, if greater; For Reissues, see above (Complete (if applicable)) SUBMITTED BY

SUBMITTED BY

Name (Print/Type)

Crais L 170/loway Registration No. (Attornet/Agent)

Signature

(Complete (if applicable))

Telephone 9709458350

Date 18 Avs 03

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